



California Medical Waste Management Program MEDICAL WASTE FACILITY PERMIT CHECK SHEET

This check sheet is provided for your convenience to help track your application process. Keep it for your records.

The following information is required to be submitted as part of the application package that is attached:

- ☐ **Application:** Complete the relevant areas of the enclosed application form for an on-site or off-site medical waste facility permit as required by the Medical Waste Management Act (MWMA) for the storage, transfer, and treatment of medical waste in California. Person(s) who wish to operate an on-site or off-site medical waste treatment facility and/or transfer station shall submit an application for a permit to the Department of Health Services, Medical Waste Management Program (Department). The Department must review the permit application and approve it prior to any operation of the medical waste treatment facility and/or transfer station as per California Health and Safety Code (HSC), Sections 118130 through 118210.
- ☐ **Information and Regulations:** The application form requires both general and site-specific information. Regulations and Statute that govern permitting of medical waste facilities may be found in Chapter 21, Sections 65600 through 65628 (nonconsecutive) of Title 22, California Code of Regulations (CCR), relating to minimum Standards for Permitting Medical Waste Facilities, and HSC, Sections 117600–118360, relating to the Medical Waste Management Act.
- ☐ **Application Review Account:** For an off-site treatment facility, an application review account of \$25,000 per Section 65628 of Title 22, CCR must be set-up for each off-site treatment facility. Checks should be made payable to: **Medical Waste Management Fund**.

Supporting Data: If there is insufficient space to complete your response, please attach additional sheets when necessary.

- ☐ A letter from a Professional Engineer per Section 65625(k)(1) of Title 22, CCR is required.
- ☐ A current hazardous waste transporter ID number from the Department of Toxic Substances Control (DTSC) is required as per HSC, Section 118000(a), if the applicant will be hauling medical waste.
- ☐ **Additional Information:** Medical waste transporters doing business in California shall provide the Department with information regarding business ownership, location, vehicle information, and client information as per HSC, Section 118029. Only transporters listed with the Department will be allowed to carry medical waste. A letter will be issued by the Department that must be carried in each vehicle while transporting medical waste. Transporters who wish to carry medical waste should complete and submit the "Transporter/Facility Utilization" form available on the DHS web site at <http://www.dhs.ca.gov/medicalwaste>.
- ☐ **Certification:** Provide a signed certification as per Section 65622 of Title 22, CCR.
- ☐ **Submit application, supporting data, additional information, certification, and a check:** Upon completion of the permit application, please attach all supporting data and additional information necessary to substantiate your answers, include your check made payable to **Medical Waste Management Fund**, and submit all to:

**California Department of Health Services
Medical Waste Management Program
MS 7405
P.O. Box 997413
Sacramento, CA 95899-7413**

For more information visit the Department of Health Services web site at <http://www.dhs.ca.gov/medicalwaste>.



California Medical Waste Management Program MEDICAL WASTE FACILITY PERMIT APPLICATION

(For Large Quantity Generators with on-site treatment, Transfer Station facilities, and/or off-site treatment facilities.)

Medical Waste Management Program
MS 7405
P.O. Box 997413
Sacramento, CA 95899-7413
(916) 449-5671

Facility name

Applicant name

Corporation name

Applicant address (number, street)

City

State

ZIP code

Telephone number

Fax number

()

()

DEPARTMENT USE ONLY

Date department received application

Date department received check

Pursuant to Section 65610, Chapter 21, CCR, provide all necessary information relating to environmental clearances/permits as required.

- Attach a copy of the environmental impact report (EIR) or negative declaration prepared by the lead agency or evidence that a lead agency is preparing or will prepare environmental documentation, if applicable.
- Other information (please specify).

Facility Owner Information

| | | | |
|---------------------------------|------|---|----------|
| Name of legal owner of facility | | Telephone number (include area code) () | |
| Street or P.O. Box number | City | State | ZIP code |

Operator Information

| | | | |
|---|------|-------|----------|
| Name | | | |
| Operator | | | |
| Telephone number (include area code) () | | | |
| Street or P.O. Box number | City | State | ZIP code |

Facility Information

| | | | | |
|---|---|--------------|---|----------|
| Facility name | | | | |
| Facility contact person | | Title | | |
| Street, route number, or P.O. Box number | | City or town | State | ZIP code |
| County | Telephone number (include area code) () | | Fax number (include area code) () | |
| Facility location (if different from above) | | | | |

Provide a description of the nature and activities of the business which is requesting this permit
[Title 22, CCR, Section 65625(a)(3)].

General information: [Title 22, CCR, Section 65625(a)(4)]

Type of Permit Requested

Place an "X" in the appropriate box below to indicate the type of permit requested.

Treatment facility:

- ☐ On-site Treatment Facility*
- ☐ Off-site Treatment Facility*
- ☐ Transfer Station
- ☐ Common Storage Facility

*If applying for an on-site or off-site treatment facility permit, place an "X" in the appropriate box to indicate the type of treatment that will be used at the facility:

- ☐ Steam sterilization
- ☐ Incineration
- ☐ Alternative technology medical waste treatment methods approved by the Department
- ☐ Other (must have DHS approval as an Alternative Medical Waste Treatment Technology)

Facility Status

Place an "X" in the appropriate box below to indicate the status of the facility for which the application is being submitted:

- ☐ New Facility
- ☐ Existing Facility**

If this permit application is for an **existing facility, place an "X" in the appropriate box below to indicate the purpose of the application:

- ☐ Permit Renewal
- ☐ Permit Modification/Revision
- ☐ Transfer of Facility Ownership

The following information shall also be included:

Estimated weight and/or volume of medical waste: A summary of the estimated weight and/or volume of medical waste managed or expected to be managed during the permit period. For permit renewals, the amount managed during the previous permit period [Title 22, CCR, Section 65625(a)(6)].

Special occurrences: A description of any special circumstances (e.g., fires, injury, property damage, accidents, or unusual occurrences), incidents involving medical waste releases or discharges, and any reports of noncompliance that have occurred at the facility during the previous permit period. If there is insufficient space to complete your response, please attach additional sheets when necessary [Title 22, CCR, Section 65623(l) and (j)].

Compliance history: A detailed description of the facility's operational compliance history relative to local, state, or federal laws and regulations regarding the management, storage, and/or treatment of medical, hazardous, and/or solid waste (including emissions and/or discharges) during the previous three years. Include information from other facilities under your control for the same time period (HSC, Section 118160).

Provide the following facility information: Attach additional sheets when necessary to complete your response.

If applying for a treatment facility permit, provide the rated capacity per operational cycle, the time per cycle, the number of operating hours per day, and days per week of operation of the treatment unit. Include a summary of the estimated weight or volume of medical waste handled or expected to be handled during the permit period. For renewals, provide the amount of medical waste handled during the previous permit period [Title 22 CCR, Section 65625(a)(5) and (6)].

If applying for a treatment facility permit, provide a description of the process to be used for treating medical waste and the type of waste being treated. What measures are employed to prevent unauthorized waste from being stored or treated at the facility? Include make, model, and alarm level of radiation detection devices [Title 22 CCR, Section 65625(a)(5)].

If applying for a medical waste facility permit, provide the average monthly quantity of medical waste to be stored and/or treated on the property and the total capacity of the area used for medical waste storage [Title 22 CCR, Section 65625(a)(6)].

Facility Site Plan: Each area described in the Facility Plan shall be labeled appropriately.

1. Provide a scale drawing and general description of the facility showing location of all the medical waste storage areas and treatment locations [Title 22, CCR, Section 65625(a)(7)].
2. Provide a scale drawing of the facility that provides a detailed description of the ingress, egress, a description of the security measures employed, and other relevant areas that will be used as part of the ongoing facility operation [HSC, Section 118115(f)].

Map

Attach to this application a map extending for one mile beyond the property boundary identifying access roads and the type of development surrounding the facility (e.g. residential, commercial, recreational, schools, etc.) [Title 22 CCR, Section 65625(a)(8)].

Disclosure Statement

Provide a disclosure statement as specified in HSC, Section 118155(d). For more information on the disclosure statement, visit the Department of Health Services web site at <http://www.dhs.ca.gov/medicalwaste> [Title 22 CCR, Section 65625(a)(9)].

Security Procedures

Provide a description of the security procedures required as specified in HSC, Section 118310 [Title 22, CCR, Section 65625(a)(10)].

General Operation Plan

Provide a copy of the facility's Operation Plan and Procedures with this application. The Operation Plan and Procedures shall include, but not be limited to, the facility's general operation plan, a schedule for the inspection and calibration of all monitoring equipment (including radiation detection equipment), a description of disinfection procedures, location and type of safety and emergency equipment, location and type of security devices, and operating and structural equipment that are important in preventing or responding to medical waste-related environmental and/or human hazards [Title 22, CCR, Section 65625(a)(11)].

Emergency Action Plan

Provide a copy of your Emergency Operation Plan with this application. The Emergency Action Plan shall describe in detail the emergency plan that the facility will follow to ensure the proper disposal of medical waste in the event of equipment breakdowns, natural disasters, or other occurrences [Title 22, CCR, Section 65625(a)(12)].

Training Programs

Provide a copy of your Training Plan with this application. The Training Plan shall include, but not be limited to, information describing the introductory and continuing (ongoing) training programs that will be provided by the owners or operators to prepare employees to operate and maintain the medical waste treatment facility in a safe manner and in compliance with all applicable laws and regulations. The training plan should also describe how the facility training will be designed to meet the actual job tasks as they are performed at the facility [Title 22, CCR, Section 65625(a)(13)].

Closure Plan

Provide a copy of your Closure Plan and a written estimate of the cost of closing the facility. The Closure Plan shall include, but not be limited to, information describing the procedures that will be taken to properly close the facility at the time that it ceases operation. The Closure Plan shall include a written estimate for the costs associated with the facility closure. The estimate shall equal the cost of closure at the point in the facility's operating life when the extent and manner of its operation would make closure the most expensive, as indicated by its closure plan. The owner shall revise the closure cost estimate whenever a change in the closure plan increases the closure cost [Title 22, CCR, Section 65625(a)(14)].

Compliance History

Provide a description of your operational compliance history relative to local, state, or federal regulation regarding the handling, storage, or treatment of waste during the previous three years. Include information from other facilities under your control for the same period.

Provide a listing of any special occurrences such as fires, injury, property damage, accident or other unusual occurrences, or incidents involving medical waste, which have occurred at the facility during the previous permit period [Title 22, CCR, Section 65625(a)(15)].

Monitoring Equipment and Schedule

The Monitoring Schedule shall include, but not be limited to, information related to the schedule for the installation of any and all monitoring equipment and a written statement of operating procedures covering the proper use, maintenance, and testing of such equipment. In addition, the monitoring schedule shall also include the type of monitoring, monitoring intervals, and frequency of monitoring sufficient to yield data which are representative of the monitored activity, including, when appropriate, continuous monitoring [Title 22, CCR, Section 65625(a)(16) and (17)].